

**PART B - FEE(S) TRANSMITTAL**

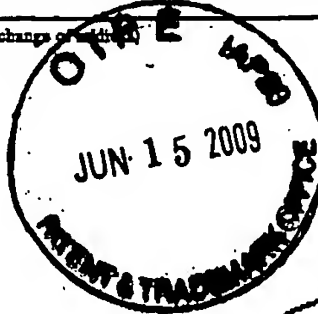
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36192 7590 04/01/2009

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Linda C. Gould

(Depositor's name)

(Signature)

June 15, 2009

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/029,172	12/28/2001	Paul Thomas Watson	01326 (BILL-0583)	4609

**TITLE OF INVENTION:** METHODS AND DEVICES FOR DISCOURAGING UNAUTHORIZED MODIFICATIONS TO SET TOP BOXES AND TO GATEWAYS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/01/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
HOSSAIN, FARZANA E		2424	725-132000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent from page 10001  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. CANTOR COLBURN LLP

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AT&T Intellectual Property, I.L.P., f/k/a  
 BellSouth Intellectual Property Corporation

Wilmington, Delaware

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

**4a. The following fee(s) are submitted:**

- ☒ Issue Fee  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit; any overpayment, to Deposit Account Number 06-1130 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date June 15, 2009

Typed or printed name

David A. Fox

Registration No. 38,807

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